

# EXHIBIT E

**Gabecare DirectRx**830 Kirts Blvd. Ste 300  
Troy, MI 48084**INVOICE**

Invoice Number: 2018 Mngmnt Fee

Invoice Date: Jun 8, 2018

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*Duplicate*

Voice: 248 280-2270

Fax: 248 280-2286

**Bill To:**ZMC Pharmacy  
1041 S. Main Street  
Royal Oak, MI 48067**Ship to:**ZMC Pharmacy  
1041 S. Main Street  
Royal Oak, MI 48067

Customer ID	Customer PO	Payment Terms	
ZMCP		Net Due	
Sales Rep ID	Shipping Method	Ship Date	Due Date
			6/8/18

Quantity	Item	Description	Unit Price	Amount
		Management Fee		15,000.00
Subtotal				15,000.00
Sales Tax				
Total Invoice Amount				15,000.00
Payment/Credit Applied				
<b>TOTAL</b>				<b>15,000.00</b>

Check/Credit Memo No: